

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					Application or Docket Number <b>10/677900</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <b>CONT.</b>            CLAIMS AS FILED – PART I            (Column 1)      (Column 2)         </div> <div style="width: 20%;">           SMALL ENTITY            RATE      FEE            _____ \$ _____            X \$ _____ = _____            X \$ _____ = _____            + \$ _____ = _____            TOTAL _____         </div> <div style="width: 20%;">           OR            OTHER THAN SMALL ENTITY            RATE      FEE            _____ \$ _____            X \$ _____ = _____            X \$ _____ = _____            + \$ _____ = _____            TOTAL _____         </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">           BASIC FEE (37 CFR 1.18(a))            TOTAL CLAIMS (37 CFR 1.18(c))            INDEPENDENT CLAIMS (37 CFR 1.18(b))            MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))         </div> <div style="width: 20%;">           NUMBER FILED            25 minus 20 = *            7 minus 3 = *         </div> <div style="width: 20%;">           NUMBER EXTRA            *            *         </div> </div>						
* If the difference in column 1 is less than zero, enter "0" in column 2.						
CLAIMS AS AMENDED – PART II						
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">           AMENDMENT A            12/12/06            CLAIMS REMAINING AFTER AMENDMENT            Total (37 CFR 1.18(c))            Independent (37 CFR 1.18(b))            FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))         </div> <div style="width: 20%;">           (Column 1)      (Column 2)      (Column 3)            HIGHEST NUMBER PREVIOUSLY PAID FOR            PRESENT EXTRA            Minus            Minus            **            ***         </div> <div style="width: 20%;">           SMALL ENTITY            RATE      ADDITIONAL FEE            _____ \$ _____            X \$ _____ = _____            X \$ _____ = _____            + \$ _____ = _____            TOTAL ADD'L FEE _____         </div> <div style="width: 20%;">           OR            OTHER THAN SMALL ENTITY            RATE      ADDITIONAL FEE            _____ \$ _____            X \$ _____ = _____            X \$ _____ = _____            + \$ _____ = _____            TOTAL ADD'L FEE _____         </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">           AMENDMENT B            01/14/07            CLAIMS REMAINING AFTER AMENDMENT            Total (37 CFR 1.18(c))            Independent (37 CFR 1.18(b))            FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))         </div> <div style="width: 20%;">           (Column 1)      (Column 2)      (Column 3)            HIGHEST NUMBER PREVIOUSLY PAID FOR            PRESENT EXTRA            Minus            Minus            **            ***         </div> <div style="width: 20%;">           SMALL ENTITY            RATE      ADDITIONAL FEE            _____ \$ _____            X \$ _____ = _____            X \$ _____ = _____            + \$ _____ = _____            TOTAL ADD'L FEE _____         </div> <div style="width: 20%;">           OR            OTHER THAN SMALL ENTITY            RATE      ADDITIONAL FEE            _____ \$ _____            X \$ _____ = _____            X \$ _____ = _____            + \$ _____ = _____            TOTAL ADD'L FEE _____         </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">           AMENDMENT C            CLAIMS REMAINING AFTER AMENDMENT            Total (37 CFR 1.18(c))            Independent (37 CFR 1.18(b))            FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))         </div> <div style="width: 20%;">           (Column 1)      (Column 2)      (Column 3)            HIGHEST NUMBER PREVIOUSLY PAID FOR            PRESENT EXTRA            Minus            Minus            **            ***         </div> <div style="width: 20%;">           SMALL ENTITY            RATE      ADDITIONAL FEE            _____ \$ _____            X \$ _____ = _____            X \$ _____ = _____            + \$ _____ = _____            TOTAL ADD'L FEE _____         </div> <div style="width: 20%;">           OR            OTHER THAN SMALL ENTITY            RATE      ADDITIONAL FEE            _____ \$ _____            X \$ _____ = _____            X \$ _____ = _____            + \$ _____ = _____            TOTAL ADD'L FEE _____         </div> </div>						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.						

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.